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TRANSMITTAL FORM			Group Art U	Group Art Unit		2175	
			Examiner Name		Chojn	Chojnacki	
			Attorney Docket No.		PXL-0	PXL-048	
			Patent No.		Not applicable		
			Issue Date		Not applicable .		
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571 ×	m '44 1 F			to File Missing		Notice of Appeal to Board	
⊠ F	Fee Transmittal Form		Parts of Applic		-	of Patent Appeals and Interferences	
	☐ Check Attached☐ Copy of FeeTransmittal Form		Formal Drawin	g(s)		Appeal Brief (in triplicate)	
\boxtimes	Amendment/Response		Request For Co Examination (I Transmittal			Status Inquiry	
	After Final				\boxtimes	Return Receipt Postcard	
	☐ Affidavits/declaration(s) ☐ Letter to Official ☐ Draftsperson		Power of Attor (Revocation of			Certificate of First Class Mailing under 37 C.F.R. 1.8	
	including Drawings [Total Sheets]		Terminal Discl	aimer		Certificate of Facsimile Transmission under 37 C.F.R. 1.8	
☒	Petition for Extension of Time		Executed Declaration and Power of Attorney for Utility or Design Patent Application			Additional Enclosure(s) (please identify below)	
	Second Supplemental Information Disclosure Statement Form PTO-1449		Small Entity Statement				
	Copies of Supp. IDS Citations (B5-B6)		CD(s) for large table or computer program				
	Certified Copy of Priority		Amendment After Allowance				
	Document(s) Sequence Listing submission Paper Copy/CD Computer Readable Copy Statement verifying identity of above		Request for Certificate of Correction Certificate of Correction (in duplicate)				
COR	RESPONDENCE ADDRESS			SIGNATURE BL	оск	D	
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thil High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7 Fax No.: (617) 248-7			ibeault, LLP	Date: //16/05 Reg. No. 35,722 Tel. No.: (617) 248-7738 Fax No.: (617) 248-7100		Respectfully submitted, Thomas A. Turano Attorney for Applicant Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110	

Express Mail Mailing Label No.: EV399912454US Complete if Known Application Serial Number 10/080,856 TRANSMITTAL February 22, 2002 Filing Date First Named Inventor Herz FY 2005 Group Art Unit 2175 Mellissa M Chojnacki Examiner Name Attorney Docket No. PXL-048 FEE CALCULATION (continued) METHOD OF PAYMENT 3. ADDITIONAL FEES Payment Enclosed: 1. Small Large Entity Entity Fee Paid Fee Description Fee Fee The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission (\$) (\$) to Deposit Account No. 20-0531. 65 Surcharge - late filing fee or oath 130 Required Fees (copy of this sheet enclosed). Surcharge - late provisional filing fee 25 50 Additional fee required under 37 CFR 1.16 and \boxtimes or cover sheet Non-English specification 130 130 \boxtimes Overpayment Credit. Request for ex parte reexamination 2,520 2,520 Applicant claims small entity status. 3. Extension for reply within first month 60 120 FEE CALCULATION 450.00 Extension for reply within second 225 450 1. FILING/SEARCH/EXAM/SIZE FEES 510 Extension for reply within third month 1020 Large Entity 795 Extension for reply within fourth 1590 Fee Paid Fee Description Fee (\$) Extension for reply within fifth month 1080 2160 Notice of Appeal 250 500 300 Utility filing fee Filing a brief in support of an appeal 500 250 Utility search fee 500 Request for oral hearing 500 1000 Utility exam fee 200 Petitions to the Commissioner (Gp. I) 400 400 Utility size fee (each add'l 50 pgs. over 100) 250 Petitions to the Commissioner (Gp. II) 200 200 Design filing fee 200 Petitions to the Commissioner (Gp. III) 130 130 Design search fee 100 Submission of Information Disclosure 180 180 Design exam fee 130 Statement 250 Design size fee (each add'l 50 pgs. over 100) Filing a submission after final 790 395 rejection (37 CFR 1.129(a)) For each additional invention to be 395 790 Number Number Rate Amount examined (37 CFR 1.129(b)) Filed Extra Certificate of Correction for x \$ 50.00 =100 100 **Total Claims** -20 =applicant's error Submission of Terminal Disclaimer 130 65 Independent Other fee (Specify) x \$200.00 =Claims Other fee (Specify) \$360.00 = ☐ Multiple Dependent Claim(s), if any TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) 0.00 2. AMENDMENT CLAIM FEES (\$) 450.00 Fee Paid SUBTOTAL (3) Highest No. Present Rate Claims Remaining Extra Previously After Amend. Paid For SUBTOTAL (1) 000.00 - 37 = Total 45 8 x \$ 50.00 =400.00 SUBTOTAL (2) 400.00 x \$ 200.00 =- 2 = 0 Indep. 2 450.00 SUBTOTAL (3) First Presentation of Multiple Dep. + \$360.00 =(\$)400.00 TOTAL: SMALL ENTITY DISCOUNT: (\$) TOTAL (\$) 850.00 (\$)400.00 SUBTOTAL (2) SIGNATURE BLOCK CORRESPONDENCE ADDRESS

Direct all correspondence to:

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Reg. No.: 35,722

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